



REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/932,906
Filing Date	August 20, 2001
First Named Inventor	Shinobu Izumi
Group Art Unit	2645
Examiner Name	Hashem, Lisa
Attorney Docket Number	450100-03367

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under CFR 1.114.** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on ____
- ii. ☐ Other ____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- iii. ☐ Information Disclosure Statement (IDS)
- ii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Other ____
2. **Miscellaneous**
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(l) required)
- b. ☐ Other ____
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- a. ☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to
Deposit Account No. 50-0320.
- b. ☒ Check in the amount of \$790.00 is enclosed for the following:
- i. ☒ RCE fee required under 37 CFR 1.17(e) \$ 08/16/2005 MBIZUNES 00000042 09932906
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17) 01 FC:1801 790.00 0P
- iii. ☐ Other ____
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature	<i>Thomas F. Presson</i>	Date	August 12, 2005
Name (Print/Type)	Thomas F. Presson	Registration No.	41,442

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to: **Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	<i>Barnet Shindlman</i>
Signature	<i>Barnet Shindlman</i>
Date:	August 12, 2005

"Express Mail" mailing label number: EV 723370017 US



08-15-05

PATENT
450100-03367

#RCE
JHW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Shinobu Izumi
Serial No. : 09/932,906
Filed : August 20, 2001
For : RADIO COMMUNICATION APPARATUS
Examiner : Hashem, Lisa
Art Unit : 2645

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Date of Deposit: August 12, 2005

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Barnet Shindler
(Typed or printed name of person mailing paper or fee)

[Signature]
(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant

By: Thomas F. Presson
Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800